



UTAH DEPARTMENT OF
COMMUNITY
AND CULTURE

OVERTIME (OT) APPROVAL REQUEST

Employee's Name (Please print): _____ EIN: _____

Note: Overtime is accrued at time and half.

Dates and hours when overtime will be worked:

Dates	Schedule	Total Hours
Example: 1/18/08	6 - 10 p.m.	4 hrs.

Provide justification for the requested overtime (special event, conference, travel, etc.):

☐ Overtime is intended to be paid (per OT compensation agreement, FLSA designation, or employee's comp time balance exceeds 80 hour maximum).

Or

☐ Dates overtime will be taken:

Dates	Hours
Example: 1/20/08	1 - 6 p.m.

Employee Signature

Date

Supervisor's Signature

Date

Division Director's Signature

Date